

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.  
In order of birth stated.

SUPPLEMENT ATTACHED

PLACE OF BIRTH

1. County of Maricopa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Phoenix

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 271  
County Registrar No. 769  
Local Registrar No. 364

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cox. { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female { To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth 4 - 5 - 1924  
Month Day Year

8. FATHER  
Full name Walter W. Cox.  
9. Residence (Usual place of abode) 3/4 E S W Murphy School  
If nonresident, give place and state

10. Color or race white 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Texas  
(State or country)

13. Occupation  
Nature of industry Laborer

14. MOTHER  
Full maiden name Bessie Farris.  
15. Residence (Usual place of abode) same  
If nonresident, give place and state

16. Color or race white 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Texas  
(State or country)

19. Occupation  
Nature of industry Housewife.

20. Number of children of this mother { (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn } 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 12:30 a.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Harry J. Felch, M.D.  
(Physician or midwife)  
Address 115 Ellis Bldg. Phoenix.

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed 4-15, 1924 \_\_\_\_\_ Local Registrar. \_\_\_\_\_ County Registrar.

437-405-262